



5:19-cv-1310

DK+ #'s 26 & 28

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>PL C-19</i> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> B. Received by (Printed Name) <i>PL C-19</i> C. Date of Delivery <i>5-23-20</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No																	
1. Article Addressed to: <i>John Henderson 1002 Courtland Lane Archdale, NC 27263</i>		3. Service Type <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Adult Signature </td> <td style="width: 50%;"> <input type="checkbox"/> Priority Mail Express® </td> </tr> <tr> <td> <input type="checkbox"/> Adult Signature Restricted Delivery </td> <td> <input type="checkbox"/> Registered Mail™ </td> </tr> <tr> <td> <input type="checkbox"/> Certified Mail® </td> <td> <input type="checkbox"/> Registered Mail Restricted Delivery </td> </tr> <tr> <td> <input type="checkbox"/> Certified Mail Restricted Delivery </td> <td> <input type="checkbox"/> Return Receipt for Merchandise </td> </tr> <tr> <td> <input type="checkbox"/> Collect on Delivery </td> <td> <input type="checkbox"/> Signature Confirmation™ </td> </tr> <tr> <td> <input type="checkbox"/> Collect on Delivery Restricted Delivery </td> <td> <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> <tr> <td> <input type="checkbox"/> Insured Mail </td> <td> </td> </tr> <tr> <td> <input type="checkbox"/> Mail Restricted Delivery (500) </td> <td> </td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Mail Restricted Delivery (500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																		
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																		
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																		
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise																		
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																		
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																		
<input type="checkbox"/> Insured Mail																			
<input type="checkbox"/> Mail Restricted Delivery (500)																			
2. Article Number (Transfer from service label) <i>7018 2290 0000 9135 0292</i>																			
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt																			